

State of Alaska Cigarette and Tobacco Products Tax License Application

520

License Year July 1, 2008 - June 30, 2009

Note: We will issue your license in the individual or corporation name given below. All state tax returns must be filed under the same name and EIN or SSN. Except for vending machine operators, all persons operating more than one place of business must obtain a separate license for each place of business.

Enter a Federal EIN if the business is a corporation or partnership so that the Department of Revenue may administer the tax laws of Alaska AS 43.05.080. The information is used by the department for identification purposes.

Federal ID <input type="checkbox"/> SSN <input type="checkbox"/> EIN	License number	Taxpayer name	Is this a renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business name		Telephone number	Fax number
Mailing address	Physical location where this license is applicable		
City	State	ZIP+4	Business type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
Contact person	Contact phone number		
	Contact email		

Select License Type Below

See instructions for definitions of license types. The license fee must accompany the application. Please be advised that by applying for a license authorizing the sale of cigarettes, you are agreeing to purchase and affix cigarette tax stamps, or designate a third party to do so on your behalf, as the means of paying the state excise tax.

Cigarettes and Tobacco Products

License Fee

<input type="checkbox"/> Buyer	\$25
<input type="checkbox"/> Direct-buying retailer	\$50
<input type="checkbox"/> Distributor	\$50
<input type="checkbox"/> Manufacturer	\$50
<input type="checkbox"/> Vending machine operator	\$50
<input type="checkbox"/> Wholesaler - distributor	\$50

Tobacco Products Only (Persons who exclusively import and/or acquire tobacco products other than cigarettes)

<input type="checkbox"/> Distributor	\$50
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Explain, in general, the nature of your business. Indicate the sources of your purchase and to whom you distribute.

I certify that an accurate record will be kept of cigarettes and other tobacco products manufactured, imported, acquired or sold from any source whatever and that the required returns will be filed on or before the last day of each calendar month and that the tax stamps will be affixed before sale or distribution.

Signature	Title	Date
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Pay online at www.tax.alaska.gov/tobacco
Online payment receipt # _____
or make check payable to **State of Alaska**

Mail to: Alaska Department of Revenue - Tax Division
550 W 7th Ave Ste 500 Anchorage AK 99501-3566
Telephone 907-269-6620
FAX 907-269-6644
dor.tax.cigarette@alaska.gov

520

Retain a copy for your records

Form 0405-520.webform (rev 02/08) • page 1